

Health Care Survey of DoD Beneficiaries



April 2003

SURVEY INSTRUCTIONS

Answer all the questions by checking the circle to the left of your answer. You are sometimes told to skip over some questions in this survey. When this happens you will see a note that tells you what question to answer next, like this:

- ☐ Yes **Go to Question 1**
☐ No

Please return the completed questionnaire in the enclosed postage-paid envelope within **seven days**. If you have misplaced the envelope, our address is:

Office of the Assistant Secretary of Defense (Health Affairs)
c/o Survey Processing Center
PO Box 82660
Lincoln, NE 68501-9462

According to the Privacy Act of 1974 (Public Law 93-579), the Department of Defense is required to inform you of the purposes and use of this survey. Please read it carefully.

Authority: 10 U.S.C., Chapter 55, Section 572, Public Law 102-484, E.O. 9397.

Purpose: This survey helps health policy makers gauge beneficiary satisfaction with the current military healthcare system and provides valuable input from beneficiaries that will be used to improve the Military Health System.

Routine Uses: None

Disclosure: Voluntary. Failure to respond will not result in any penalty to the respondent. However, maximum participation is encouraged so that data will be as complete and representative as possible.

----- SURVEY STARTS HERE -----

This survey is about the health care of the person addressed in the cover letter. The questionnaire should be completed by that person. If you are not the addressee, please give this survey to the person named in the cover letter.

1. Are you the person whose name appears on the mailing label of this envelope?

- 1 ☐ Yes **Go to Question 2**
2 ☐ No **Please give this questionnaire to the person addressed on the envelope.**

H03001



002AMD26

0107077



2. By which of the following health plans are you currently covered? (Active duty service members are automatically covered by TRICARE Prime or TRICARE Prime Remote.) MARK ALL THAT APPLY.

H03002A-H03002O

a. Military Health Plans

- A ☐ TRICARE Prime or TRICARE Prime Remote
C ☐ TRICARE Extra or Standard (CHAMPUS)
N ☐ TRICARE Plus
O ☐ TRICARE for Life

b. Other Health Plans

- F ☐ Medicare
G ☐ Federal Employees Health Benefit Program (FEHBP)
H ☐ Medicaid
I ☐ A civilian HMO (such as Kaiser)
J ☐ Other civilian health insurance (such as Blue Cross)
K ☐ Uniformed Services Family Health Plan (USFHP)
M ☐ The Veterans Administration (VA)
L ☐ Not Sure

3. **Currently, are you covered by Medicare Part A?** Medicare is the federal health insurance program for people aged 65 or older and for certain disabled people. Medicare Part A helps pay for inpatient hospital care.

H03003

- 1 ☐ Yes, I am now covered by Medicare Part A
2 ☐ No, I am not covered by Medicare Part A

4. **Currently, are you covered by Medicare Part B?** Medicare is the federal health insurance program for people aged 65 or older and for certain disabled people. Medicare Part B helps pay for doctor's services, outpatient hospital services, and certain other services.

H03004

- 1 ☐ Yes, I am now covered by Medicare Part B
2 ☐ No, I am not covered by Medicare Part B

5. **Currently, are you covered by Medicare supplemental insurance?** Medicare supplemental insurance, also called Medigap or MediSup, is usually obtained from private insurance companies and covers some of the costs not paid for by Medicare.

H03005

- 1 ☐ Yes, I am now covered by Medicare supplemental insurance
2 ☐ No, I am not covered by Medicare supplemental insurance



002AMD37

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6. Which health plan did you use for all or most of your healthcare in the last 12 months? MARK ONLY ONE.

- 1 ☐ TRICARE Prime or TRICARE Prime Remote
3 ☐ TRICARE Extra or Standard (CHAMPUS)
11 ☐ TRICARE Plus
4 ☐ Medicare
5 ☐ Federal Employees Health Benefit Program (FEHBP)
6 ☐ Medicaid
7 ☐ A civilian HMO (such as Kaiser)
8 ☐ Other civilian health insurance (such as Blue Cross)
9 ☐ Uniformed Services Family Health Plans (USFHP)
10 ☐ The Veterans Administration (VA)
-5 ☐ Not sure
-6 ☐ Did not use any health plan in the last 12 months

H03006

See Note 1

Go to Question 8

For the remainder of this questionnaire, the term health plan refers to the plan you indicated in Question 6.

7. How many months or years in a row have you been in this health plan?

- 1 ☐ Less than 6 months 3 ☐ 12 up to 24 months 5 ☐ 5 up to 10 years
2 ☐ 6 up to 12 months 4 ☐ 2 up to 5 years 6 ☐ 10 or more years

H03007

See Note 1

----- YOUR PERSONAL DOCTOR, OR NURSE -----

The next questions ask about your own healthcare. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

8. A personal doctor or nurse is the health provider who knows you best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.

When you joined your health plan or at any time since then, did you get a new personal doctor or nurse?

- 1 ☐ Yes 2 ☐ No Go to Question 10

H03008

See Note 2

9. With the choices your health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?

- 1 ☐ A big problem 2 ☐ A small problem 3 ☐ Not a problem -6 ☐ I didn't get a new personal doctor or nurse.

H03009

See Note 2

10. Do you have one person you think of as your personal doctor or nurse?

- 1 ☐ Yes 2 ☐ No Go to Question 16

H03010

See Note 3



002AMD48

0107077



11. Is this person a general doctor, a specialist doctor, a physician assistant, or a nurse?

- 1 ☐ General doctor (family practice or internal medicine)
2 ☐ Specialist doctor
3 ☐ Physician assistant

- 4 ☐ Nurse
-6 ☐ I don't have a personal doctor or nurse.

S03C01

See Note 3

12. How many months or years have you been going to your personal doctor or nurse?

- 1 ☐ Less than 6 months 3 ☐ 12 up to 24 months 5 ☐ 5 years or more
2 ☐ 6 up to 12 months 4 ☐ 2 up to 5 years -6 ☐ I don't have a personal doctor or nurse.

S03C02

See Note 3

13. Do you have a physical or medical condition that seriously interferes with your ability to work, attend school, or manage your day-to-day activities?

- 1 ☐ Yes 2 ☐ No Go to Question 15

S03C03

See Note 3 and 3A

14. Does your personal doctor or nurse understand how any health problems you have affect your day-to-day life?

- 1 ☐ Yes 2 ☐ No -6 ☐ I don't have any health problems or I don't have a personal doctor or nurse.

S03C04

See Note 3 and 3A

15. We want to know your rating of your personal doctor or nurse.

Use any number from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your personal doctor or nurse now?

- ☐ 0 Worst personal doctor or nurse possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best personal doctor or nurse possible
-6 ☐ I don't have a personal doctor or nurse.

H03011

See Note 3

----- GETTING HEALTHCARE FROM A SPECIALIST -----

When you answer the next questions, do not include dental visits.

16. **Specialists** are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of healthcare.

In the last 12 months, did you or a doctor or nurse think you needed to see a specialist?

- 1 ☐ Yes 2 ☐ No Go to Question 18

H03012

See Note 4



002AMD59

0107077



17. In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see?

- 1 ☐ A big problem 3 ☐ Not a problem
2 ☐ A small problem -6 ☐ I didn't need to see a specialist in the last 12 months.

H03013

See Note 4

18. In the last 12 months, did you see a specialist?

- 1 ☐ Yes 2 ☐ No **Go to Question 22**

H03014

See Note 5

19. In the last 12 months, how many times did you go to specialists for care for yourself?

- 6 ☐ None **Go to Question 22** 1 ☐ 1 2 ☐ 2 3 ☐ 3 4 ☐ 4 5 ☐ 5 to 9 6 ☐ 10 or more

S03C05

See Note 5 and 5A

20. We want to know your rating of the specialist you saw most often in the last 12 months, including a personal doctor if he or she was a specialist.

H03015

See Note 5 and 5A

Use any number from 0 to 10 where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate the specialist?

- ☐ 0 Worst specialist possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best specialist possible
-6 ☐ I didn't see a specialist in the last 12 months.

21. In the last 12 months, was the specialist you saw most often the same doctor as your personal doctor?

- 1 ☐ Yes 2 ☐ No -6 ☐ I don't have a personal doctor or I didn't see a specialist in the last 12 months.

H03016

See Note 5 and 5A

----- CALLING DOCTORS' OFFICES -----

22. In the last 12 months, did you call a doctor's office or clinic during regular office hours to get help or advice for yourself?

- 1 ☐ Yes 2 ☐ No **Go to Question 24**

H03017

See Note 6



002AMD6A

0107077



23. In the last 12 months, when you called during regular office hours, how often did you get the help or advice you needed?

- 1 ☐ Never 3 ☐ Usually -6 ☐ I didn't call for help or advice during regular office hours in the last 12 months.
2 ☐ Sometimes 4 ☐ Always

H03018

See Note 6

----- YOUR HEALTHCARE IN THE LAST 12 MONTHS -----

24. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you would see for healthcare.

H03019

See Note 7

In the last 12 months, did you make any appointments with a doctor or other health provider for regular or routine healthcare?

- 1 ☐ Yes 2 ☐ No Go to Question 27

25. In the last 12 months, how often did you get an appointment for regular or routine healthcare as soon as you wanted?

- 1 ☐ Never 3 ☐ Usually -6 ☐ I didn't need an appointment for regular or routine care in the last 12 months.
2 ☐ Sometimes 4 ☐ Always

H03020

See Note 7

26. In the last 12 months, how many days did you usually have to wait between making an appointment for regular or routine care and actually seeing a provider?

- 1 ☐ Same day 4 ☐ 4-7 days 7 ☐ 31 days or longer
2 ☐ 1 day 5 ☐ 8-14 days 8 ☐ I tried but could not get an appointment.
3 ☐ 2-3 days 6 ☐ 15-30 days -6 ☐ I didn't need an appointment for regular or routine care in the last 12 months.

H03021

See Note 7

27. In the last 12 months, did you have an illness or injury that needed care right away from a doctor's office, clinic, or emergency room?

- 1 ☐ Yes 2 ☐ No Go to Question 30

H03022

See Note 8

28. In the last 12 months, when you needed care right away for an illness or injury, how often did you get care as soon as you wanted?

- 1 ☐ Never 3 ☐ Usually -6 ☐ I didn't need care right away for an illness or injury in last 12 months.
2 ☐ Sometimes 4 ☐ Always

H03023

See Note 8

29. In the last 12 months, how long did you usually have to wait between trying to get care and actually seeing a provider for an illness or injury?

- 1 ☐ Same day 4 ☐ 3 days 7 ☐ 15 days or longer
2 ☐ 1 day 5 ☐ 4-7 days -6 ☐ I didn't need care right away for an illness or injury in the last 12 months.
3 ☐ 2 days 6 ☐ 8-14 days

H03024

See Note 8



002AMD7B

0107077



30. In the last 12 months, how many times did you go to an emergency room to get care for yourself?

1 ☐ None 2 ☐ 1 3 ☐ 2-3 4 ☐ 4-6 5 ☐ More than 6

H03025

31. In the last 12 months (not counting times you went to an emergency room), how many times did you go to a doctor's office or clinic to get care for yourself?

1 ☐ None **Go to Question 45** 2 ☐ 1 3 ☐ 2 4 ☐ 3 5 ☐ 4 6 ☐ 5 to 9 7 ☐ 10 or more

H03026

See Note 9

32. In the last 12 months, how much of a problem, if any, was it to get the care you or a doctor believed necessary?

1 ☐ A big problem 2 ☐ A small problem 3 ☐ Not a problem -6 ☐ I had no visits in the last 12 months.

H03027

See Note 9

33. In the last 12 months, how much of a problem, if any, were delays in healthcare while you waited for approval from your health plan?

1 ☐ A big problem 2 ☐ A small problem 3 ☐ Not a problem -6 ☐ I had no visits in the last 12 months.

H03028

See Note 9

34. In the last 12 months, how often did you wait in the doctor's office or clinic more than 15 minutes past your appointment time to see the person you went to see?

1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always -6 ☐ I had no visits in the last 12 months.

H03029

See Note 9

35. In the last 12 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?

1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always -6 ☐ I had no visits in the last 12 months.

H03030

See Note 9

36. In the last 12 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?

1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always -6 ☐ I had no visits in the last 12 months.

H03031

See Note 9

37. In the last 12 months, how often did doctors or other health providers listen carefully to you?

1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always -6 ☐ I had no visits in the last 12 months.

H03032

See Note 9

38. In the last 12 months, how often did doctors or other health providers explain things in a way you could understand?

1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always -6 ☐ I had no visits in the last 12 months.

H03033

See Note 9

39. In the last 12 months, how often did doctors or other health providers show respect for what you had to say?

1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always -6 ☐ I had no visits in the last 12 months.

H03034

See Note 9

40. In the last 12 months, how often did doctors or other health providers spend enough time with you?

1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always -6 ☐ I had no visits in the last 12 months.

H03035

See Note 9



002AMD8C

0107077



41. We want to know how you, your doctors, and other health providers make decisions about your health care.

In the last 12 months, were any decisions made about your health care?

S03C06

See Note 9 and 9A

1 ☐ Yes 2 ☐ No Go to Question 44

42. In the last 12 months, how often were you involved as much as you wanted in these decisions about your health care?

1 ☐ Never 3 ☐ Usually -6 ☐ No decisions were made about my healthcare in the last 12 months.
2 ☐ Sometimes 4 ☐ Always

S03C07

See Note 9 and 9A

43. In the last 12 months, how much of a problem, if any, was it to get your doctors or other health providers to agree with you on the best way to manage your health conditions or problems?

1 ☐ A big problem 3 ☐ Not a problem
2 ☐ A small problem -6 ☐ No decisions were made about my healthcare in the last 12 months

S03C08

See Note 9 and 9A

44. We want to know your rating of all your healthcare in the last 12 months from all doctors and other health providers.

Use any number from 0 to 10 where 0 is the worst healthcare possible, and 10 is the best healthcare possible. How would you rate all your healthcare?

H03036

- ☐ 0 Worst healthcare possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best healthcare possible
-6 ☐ I had no visits in the last 12 months.

See Note 9

45. In the last 12 months, how many prescriptions did you have that were written by a civilian provider but were filled at a military pharmacy? **INCLUDE REFILLS.**

1 ☐ None 2 ☐ 1-5 3 ☐ 6-10 4 ☐ 11-15 5 ☐ More than 15

H03037

46. In the last 12 months, where did you go most often for your healthcare? **MARK ONLY ONE ANSWER.**

- 1 ☐ A military facility - This includes: Military clinic, Military hospital, PRIMUS clinic, NAVCARE clinic
2 ☐ A civilian facility - This includes: Doctor's office, Clinic, Hospital, Civilian TRICARE contractor
3 ☐ Uniformed Services Family Health Plan facility (USFHP)
4 ☐ Veterans Affairs (VA) clinic or hospital
5 ☐ I went to none of the listed types of facilities in the last 12 months.

H03038



002AMD9D

0107077



47. In the last 12 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, or oxygen equipment?

1 ☐ Yes 2 ☐ No Go to Question 49

S03C09

See Note 9B

48. In the last 12 months, how much of a problem, if any, was it to get the special medical equipment you needed through your health plan?

1 ☐ A big problem 3 ☐ Not a problem
2 ☐ A small problem -6 ☐ I didn't need to get any special medical equipment in the last 12 months

S03C10

See Note 9B

49. In the last 12 months, did you have any health problems that needed special therapy, such as physical, occupational, or speech therapy?

1 ☐ Yes 2 ☐ No Go to Question 51

S03C11

See Note 9C

50. In the last 12 months, how much of a problem, if any, was it to get the special therapy you needed through your health plan?

1 ☐ A big problem 3 ☐ Not a problem
2 ☐ A small problem -6 ☐ I didn't need special therapy in the last 12 months

S03C12

See Note 9C

51. Home health care or assistance means home nursing, help with bathing or dressing, and help with basic household tasks.

In the last 12 months, did you need someone to come into your home to give you home health care or assistance?

1 ☐ Yes 2 ☐ No Go to Question 53

S03C13

See Note 9D

52. In the last 12 months, how much of a problem, if any, was it to get the care or assistance you needed through your health plan?

1 ☐ A big problem 3 ☐ Not a problem
2 ☐ A small problem -6 ☐ I didn't need home healthcare or assistance in the last 12 months

S03C14

See Note 9D

----- TRICARE'S CIVILIAN NETWORK -----

The following questions ask about your experiences with the TRICARE civilian provider network. TRICARE, including TRICARE Prime and Extra, is the healthcare system of the Department of Defense that provides care for active duty and retired military personnel and their dependents. TRICARE includes the hospitals, clinics and pharmacies of the three services, supplemented by a civilian network. The TRICARE civilian provider network is made up of the doctors, clinics, hospitals and other health care providers who are part of DoD's preferred provider pool. The next six questions refer to health services you received from the civilian network.

53. In the past 12 months, how much of your healthcare did you receive from the TRICARE civilian provider network?

1 ☐ All of my healthcare 4 ☐ None of my healthcare
2 ☐ Most of my healthcare -6 ☐ I did not need healthcare in the past 12 months Go to Question 59
3 ☐ Some of my healthcare

S03V01

See Note 13



002AMDAE

0107077



54. In the past 12 months, how much of a problem was it to get the healthcare you wanted from the TRICARE civilian provider network?

- 1 ☐ A big problem 3 ☐ Not a problem
2 ☐ A small problem -6 ☐ I did not try to get healthcare from the civilian network

S03V02

See Note 13

55. A personal doctor or nurse is the health provider who knows you best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.

S03V06

See Note 13

In the past 12 months, how much of a problem was it to find a conveniently located doctor from the TRICARE civilian provider network?

- 1 ☐ A big problem 3 ☐ Not a problem
2 ☐ A small problem -6 ☐ I did not try to find a doctor from the civilian network

56. In the past 12 months, how much of a problem was it to find a conveniently located lab or x-ray facility in the TRICARE civilian provider network?

S03V04

- 1 ☐ A big problem 3 ☐ Not a problem
2 ☐ A small problem -6 ☐ I did not try to find a lab or x-ray facility in the civilian network

See Note 13

57. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of healthcare.

S03V07

See Note 13

In the last 12 months, how much of a problem was it to find a conveniently located specialist from the TRICARE civilian provider network?

- 1 ☐ A big problem 3 ☐ Not a problem
2 ☐ A small problem -6 ☐ I did not try to find a specialist in the civilian network.

58. In the past 12 months, did you learn that a doctor whom you wanted to see had left the TRICARE civilian provider network?

- 1 ☐ Yes 2 ☐ No -6 ☐ I did not want to see any network doctors

S03V05

See Note 13

----- YOUR HEALTH PLAN -----

The next questions ask about your experience with your health plan. By your health plan, we mean the health plan you marked in Question 6.

59. Claims are sent to a health plan for payment. You may send in the claims yourself, or doctors, hospitals, or others may do this for you.

H03039

In the last 12 months, did you or anyone else send in any claims to your health plan?

- 1 ☐ Yes 2 ☐ No Go to Question 63 -6 ☐ Don't know Go to Question 63

See Note 14



002AMDBF

0107077



60. In the last 12 months, how often did your health plan handle your claims in a reasonable time?

- 1 ☐ Never 3 ☐ Usually -5 ☐ Don't know
2 ☐ Sometimes 4 ☐ Always -6 ☐ No claims were sent for me in the last 12 months.

H03040

See Note 14

61. In the last 12 months, how often did your health plan handle your claims correctly?

- 1 ☐ Never 3 ☐ Usually -5 ☐ Don't know
2 ☐ Sometimes 4 ☐ Always -6 ☐ No claims were sent for me in the last 12 months.

H03041

See Note 14

62. In the last 12 months, before you went for care, how often did your health plan make it clear how much you would have to pay?

- 1 ☐ Never 3 ☐ Usually -5 ☐ Don't know
2 ☐ Sometimes 4 ☐ Always -6 ☐ No claims were sent for me in the last 12 months.

H03042

See Note 14

63. In the last 12 months, did you look for any information in written materials from your health plan?

- 1 ☐ Yes 2 ☐ No **Go to Question 65**

H03043

See Note 15

64. In the last 12 months, how much of a problem, if any, was it to find or understand information in the written materials?

- 1 ☐ A big problem 3 ☐ Not a problem
2 ☐ A small problem -6 ☐ I didn't look for information from my health plan in the last 12 months.

H03044

See Note 15

65. In the last 12 months, did you call your health plan's customer service to get information or help?

- 1 ☐ Yes 2 ☐ No **Go to Question 67**

H03045

See Note 16

66. In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?

- 1 ☐ A big problem 3 ☐ Not a problem
2 ☐ A small problem -6 ☐ I didn't call my health plan's customer service in the last 12 months.

H03046

See Note 16

67. In the last 12 months, have you called or written your health plan with a complaint or problem?

- 1 ☐ Yes 2 ☐ No **Go to Question 70**

H03047

See Note 17

68. How long did it take for the health plan to resolve your complaint?

- 1 ☐ Same day 5 ☐ 4 or more weeks
2 ☐ 1 week 6 ☐ I am still waiting for it to be settled.
3 ☐ 2 weeks -6 ☐ I haven't called or written with a complaint or problem in the last 12 months.
4 ☐ 3 weeks

H03048

See Note 17



002AMDCG

0107077



69. Was your complaint or problem settled to your satisfaction?

H03049

See Note 17

- 1 ☐ Yes 3 ☐ I am still waiting for it to be settled.
2 ☐ No -6 ☐ I haven't called or written with a complaint or problem in the last 12 months.

70. Paperwork means things like having your records changed, processing forms, or other paperwork related to getting care.

In the last 12 months, did you have any experiences with paperwork for your health plan?

H03050

See Note 18

- 1 ☐ Yes 2 ☐ No Go to Question 72

71. In the last 12 months, how much of a problem, if any, did you have with paperwork for your health plan?

H03051

See Note 18

- 1 ☐ A big problem 3 ☐ Not a problem
2 ☐ A small problem -6 ☐ I didn't have any experiences with paperwork for my health plan in the last 12 months.

72. We want to know your rating of all your experience with your health plan.

Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your health plan now?

H03052

- ☐ 0 Worst health plan possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best health plan possible

73. If you are currently enrolled in TRICARE Prime, how likely are you to disenroll from TRICARE Prime for a different type of health plan in the next 12 months?

H03053

- 1 ☐ Very unlikely 4 ☐ Likely -6 ☐ I am not currently enrolled in TRICARE Prime.
2 ☐ Unlikely 5 ☐ Very likely
3 ☐ Neither likely nor unlikely -5 ☐ Not sure

----- PREVENTATIVE CARE -----

Preventative care is medical care you receive that is intended to maintain your good health or prevent a future medical problem. A physical or a cholesterol screening are examples of preventative care.

H03055

74. When did you last have a blood pressure reading?

- 3 ☐ Less than 12 months ago 2 ☐ 1 to 2 years ago 1 ☐ More than 2 years ago



002AMDDH

0107077



75. Do you know if your blood pressure is too high?

H03056

- 1 ☐ Yes, it is too high 2 ☐ No, it is not too high 3 ☐ Don't know

76. When did you last have a cholesterol screening, that is, a test to determine the level of cholesterol in your blood?

H03057

- 5 ☐ Less than 12 months ago 3 ☐ More than 2 but less than 5 years ago 1 ☐ Never had a cholesterol screening
4 ☐ 1 to 2 years ago 2 ☐ 5 or more years ago

77. When did you last have a flu shot?

H03058

- 4 ☐ Less than 12 months ago 3 ☐ 1 to 2 years ago 2 ☐ More than 2 years ago 1 ☐ Never had a flu shot

78. Have you ever smoked at least 100 cigarettes in your entire life?

- 1 ☐ Yes 2 ☐ No Go to Question 82 -5 ☐ Don't know Go to Question 82

H03059

See Note 19

79. Do you now smoke every day, some days or not at all?

H03060

See Note 19

- 4 ☐ Every day Go to Question 81 2 ☐ Not at all Go to Question 80
3 ☐ Some days Go to Question 81 -5 ☐ Don't know Go to Question 82

80. How long has it been since you quit smoking cigarettes?

H03061

See Note 19

- 3 ☐ Less than 12 months Go to Question 81 -5 ☐ Don't know Go to Question 82
2 ☐ 12 months or more Go to Question 82

81. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider in your plan?

H03062

See Note 19

- 1 ☐ None
2 ☐ 1 visit
3 ☐ 2 to 4 visits
4 ☐ 5 to 9 visits
5 ☐ 10 or more visits
-6 ☐ I had no visits in the last 12 months.

82. Are you male or female?

H03063

See Note 20 (Part B)

- 1 ☐ Male Go to Question 83 2 ☐ Female Go to Question 84

83. When was the last time you had a prostate gland examination or blood test for prostate disease?

- 5 ☐ Within the last 12 months 3 ☐ More than 2 but less than 5 years ago 1 ☐ Never had a prostate gland examination
4 ☐ 1 to 2 years ago 2 ☐ 5 or more years ago

H03064

See Note 20 (Part B & C)



002AMDEI

0107077



Go to Question 91

84. When did you last have a Pap smear test?

H03065

See Note 20 (Part B & D)

- 5 ☐ Within the last 12 months 3 ☐ More than 3 but less than 5 years ago 1 ☐ Never had a Pap smear test
4 ☐ 1 to 3 years ago 2 ☐ 5 or more years ago

85. Are you under age 40?

H03066

See Note 20 (Part B & D)

See Note 21

- 1 ☐ Yes **Go to Question 88** 2 ☐ No

86. When was the last time your breasts were checked by mammography?

H03067

See Note 20 (Part B & D)

See Note 21

- 5 ☐ Within the last 12 months 3 ☐ More than 2 years but less than 5 years ago 1 ☐ Never had a mammogram
4 ☐ 1 to 2 years ago 2 ☐ 5 or more years ago

87. When was the last time you had a breast exam by a healthcare professional?

H03068

See Note 20 (Part B & D)

- 5 ☐ Within the last 12 months 3 ☐ More than 2 years but less than 5 years ago 1 ☐ Never had a breast exam
4 ☐ 1 to 2 years ago 2 ☐ 5 or more years ago

See Note 21

88. Have you been pregnant in the last 12 months or are you pregnant now?

H03069

See Note 20 (Part B & D)

See Note 22

- 1 ☐ Yes, I am currently pregnant **Go to Question 89**
2 ☐ No, I am not currently pregnant, but have been pregnant in the past 12 months **Go to Question 90**
3 ☐ No, I am not currently pregnant, and have not been pregnant in the past 12 months **Go to Question 91**

89. In what trimester is your pregnancy?

H03070

See Note 20 (Part B & D)

See Note 22

- 1 ☐ First trimester 2 ☐ Second trimester 3 ☐ Third trimester

90. In which trimester did you first receive prenatal care?

H03071

See Note 20 (Part B & D)

See Note 22

- 4 ☐ First trimester 3 ☐ Second trimester 2 ☐ Third trimester 1 ☐ Did not receive prenatal care

----- ABOUT YOU -----

91. Would you say that in general your health is:

H03072

- 5 ☐ Excellent 4 ☐ Very Good 3 ☐ Good 2 ☐ Fair 1 ☐ Poor

92. Are you limited in any way in any activities because of any impairment or health problem?

H03073

- 1 ☐ Yes 2 ☐ No



002AMDFJ

0107077



93. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

H03074

- ☐ 0 ☐ 3 ☐ 6 ☐ 9 ☐ 12 ☐ 15 ☐ 18 ☐ 21 ☐ 24 ☐ 27 ☐ 30
- ☐ 1 ☐ 4 ☐ 7 ☐ 10 ☐ 13 ☐ 16 ☐ 19 ☐ 22 ☐ 25 ☐ 28
- ☐ 2 ☐ 5 ☐ 8 ☐ 11 ☐ 14 ☐ 17 ☐ 20 ☐ 23 ☐ 26 ☐ 29

94. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

H03075

- ☐ 0 ☐ 3 ☐ 6 ☐ 9 ☐ 12 ☐ 15 ☐ 18 ☐ 21 ☐ 24 ☐ 27 ☐ 30
- ☐ 1 ☐ 4 ☐ 7 ☐ 10 ☐ 13 ☐ 16 ☐ 19 ☐ 22 ☐ 25 ☐ 28
- ☐ 2 ☐ 5 ☐ 8 ☐ 11 ☐ 14 ☐ 17 ☐ 20 ☐ 23 ☐ 26 ☐ 29

95. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

H03076

- ☐ 0 ☐ 3 ☐ 6 ☐ 9 ☐ 12 ☐ 15 ☐ 18 ☐ 21 ☐ 24 ☐ 27 ☐ 30
- ☐ 1 ☐ 4 ☐ 7 ☐ 10 ☐ 13 ☐ 16 ☐ 19 ☐ 22 ☐ 25 ☐ 28
- ☐ 2 ☐ 5 ☐ 8 ☐ 11 ☐ 14 ☐ 17 ☐ 20 ☐ 23 ☐ 26 ☐ 29

96. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation?

H03077

- ☐ 0 ☐ 3 ☐ 6 ☐ 9 ☐ 12 ☐ 15 ☐ 18 ☐ 21 ☐ 24 ☐ 27 ☐ 30
- ☐ 1 ☐ 4 ☐ 7 ☐ 10 ☐ 13 ☐ 16 ☐ 19 ☐ 22 ☐ 25 ☐ 28
- ☐ 2 ☐ 5 ☐ 8 ☐ 11 ☐ 14 ☐ 17 ☐ 20 ☐ 23 ☐ 26 ☐ 29

97. During the past 30 days, for about how many days have you felt sad, blue, or depressed?

H03078

- ☐ 0 ☐ 3 ☐ 6 ☐ 9 ☐ 12 ☐ 15 ☐ 18 ☐ 21 ☐ 24 ☐ 27 ☐ 30
- ☐ 1 ☐ 4 ☐ 7 ☐ 10 ☐ 13 ☐ 16 ☐ 19 ☐ 22 ☐ 25 ☐ 28
- ☐ 2 ☐ 5 ☐ 8 ☐ 11 ☐ 14 ☐ 17 ☐ 20 ☐ 23 ☐ 26 ☐ 29

98. During the past 30 days, for about how many days have you felt worried, tense or anxious?

H03079

- ☐ 0 ☐ 3 ☐ 6 ☐ 9 ☐ 12 ☐ 15 ☐ 18 ☐ 21 ☐ 24 ☐ 27 ☐ 30
- ☐ 1 ☐ 4 ☐ 7 ☐ 10 ☐ 13 ☐ 16 ☐ 19 ☐ 22 ☐ 25 ☐ 28
- ☐ 2 ☐ 5 ☐ 8 ☐ 11 ☐ 14 ☐ 17 ☐ 20 ☐ 23 ☐ 26 ☐ 29

99. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

H03080

- ☐ 0 ☐ 3 ☐ 6 ☐ 9 ☐ 12 ☐ 15 ☐ 18 ☐ 21 ☐ 24 ☐ 27 ☐ 30
- ☐ 1 ☐ 4 ☐ 7 ☐ 10 ☐ 13 ☐ 16 ☐ 19 ☐ 22 ☐ 25 ☐ 28
- ☐ 2 ☐ 5 ☐ 8 ☐ 11 ☐ 14 ☐ 17 ☐ 20 ☐ 23 ☐ 26 ☐ 29



002AMDGK

0107077



100. During the past 30 days, for about how many days have you felt very healthy and full of energy?

H03081

- ☐ 0 ☐ 3 ☐ 6 ☐ 9 ☐ 12 ☐ 15 ☐ 18 ☐ 21 ☐ 24 ☐ 27 ☐ 30
☐ 1 ☐ 4 ☐ 7 ☐ 10 ☐ 13 ☐ 16 ☐ 19 ☐ 22 ☐ 25 ☐ 28
☐ 2 ☐ 5 ☐ 8 ☐ 11 ☐ 14 ☐ 17 ☐ 20 ☐ 23 ☐ 26 ☐ 29

101. Because of any impairment or health problem, do you need the help of other persons with your personal care needs, such as eating, dressing, or getting around the house?

S03C15

- 1 ☐ Yes 2 ☐ No

102. Because of any impairment or health problem, do you need help with your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

S03C16

- 1 ☐ Yes 2 ☐ No

103. Do you have a physical or medical condition that seriously interferes with your independence, participation in the community, or quality of life?

S03C17

- 1 ☐ Yes 2 ☐ No

104. We want to know your rating of how well your health plan has done in providing the equipment, services, and help you need.

Use any number from 0 to 10 where 0 is the worst your plan could do and 10 is the best your plan could do. How would you rate your health plan now?

S03C18

- ☐ 0 Worst your health plan could do
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best your health plan could do

105. In the last 12 months, have you been a patient in a hospital overnight or longer?

S03C19

- 1 ☐ Yes 2 ☐ No

106. Do you now have any physical or medical conditions that have lasted for at least 3 months? [Women: DO NOT include pregnancy.]

S03C20

See Note 23

- 1 ☐ Yes 2 ☐ No Go to Question 109



002AMDHL

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107. In the last 12 months, have you seen a doctor or other health provider more than twice for any of these conditions?

1 ☐ Yes 2 ☐ No -6 ☐ I have no conditions that have lasted 3 months

S03C21

See Note 23

108. Have you been taking prescription medicine for at least 3 months for any of these conditions?

1 ☐ Yes 2 ☐ No -6 ☐ I have no conditions that have lasted 3 months

S03C22

See Note 23

109. What is the highest grade or level of school that you have completed?

- 1 ☐ 8th grade or less
2 ☐ Some high school, but did not graduate
3 ☐ High school graduate or GED
4 ☐ Some college or 2-year degree
5 ☐ 4-year college graduate
6 ☐ More than 4-year college degree

SREDA

110. Are you of Hispanic or Latino origin or descent? (Mark "NO" if not Spanish/Hispanic/Latino.)

- 1 ☐ No, not Spanish, Hispanic, or Latino
2 ☐ Yes, Mexican, Mexican American, Chicano
3 ☐ Yes, Puerto Rican
4 ☐ Yes, Cuban
5 ☐ Yes, other Spanish, Hispanic, or Latino

H03082

111. What is your race? (Mark ONE OR MORE races to indicate what you consider yourself to be.)

- A ☐ White
B ☐ Black or African American
C ☐ American Indian or Alaska Native
D ☐ Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese)
E ☐ Native Hawaiian or other Pacific Islander (e.g., Somoan, Guamanian, or Chamorro)

SRACEA-SRACEE

112. What is your age now?

1 ☐ 18 to 24 2 ☐ 25 to 34 3 ☐ 35 to 44 4 ☐ 45 to 54 5 ☐ 55 to 64 6 ☐ 65 to 74 7 ☐ 75 or older

SRAGE

THANK YOU FOR TAKING THE TIME TO COMPLETE THE SURVEY

Your generous contribution will greatly aid efforts to improve the health of our military community.

Return your survey in the postage-paid envelope.

If envelope is missing, please send to: National Research Corporation
Survey Processing Center
PO BOX 82660
Lincoln, NE 68501-9465



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